



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INSTRUCTIONAL TECHNOLOGY
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

**APPLICATION for STATE ASSISTANCE under the
FY07 TITLE II.D COMPETITIVE GRANT PROGRAM**

**YEAR 1 – DUE MARCH 31
YEAR 2 – DUE MAY 1**

For Department Use			
DATE PROJECT APPROVED		AMOUNT APPROVED	SIGNATURE
District Information			
NAME OF SCHOOL DISTRICT		COUNTY-DISTRICT CODE	
NAME AND TITLE OF CONTACT PERSON		WORK PHONE	PAGER / CELL NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
Grant Information			
GRANT TYPE – YEAR (CHECK ONE) Year 1 Application Year 2 Application	GRANT TYPE – DISTRICT APPLICANT (CHECK ONE) New District / Consortium Established District / Consortium	GRANT TYPE – NUMBER OF DISTRICTS (CHECK ONE) District Application Consortium Application (Total number of districts: ____)	GRANT TYPE – GEOGRAPHIC AREA / CLUSTER (CHECK ONE) Area 1: C NE NW W Area 2: S SC SW Area 3: B E SE
PARTICIPATING SCHOOL BUILDING(S) – DISTRICT APPLICATION Name of each school building in the district involved in the grant: (District grants only):		PARTICIPATING DISTRICTS AND SCHOOL BUILDING(S) – CONSORTIUM APPLICATION Name of each partnering district and the specific school(s) involved in the grant: (Consortium grants only):	
Project Information			
AMOUNT REQUESTED	NUMBER OF SCHOOL BUILDINGS	NUMBER OF TEACHERS	NUMBER OF STUDENTS
GRADE LEVEL(S) OF PARTICIPATING TEACHERS AND STUDENTS (CHECK ALL THAT APPLY) Grade Level(s) Served by Grant: K 1 2 3 4 5 6 7 8 9 10 11 12 Other:		CURRICULAR FOCUS (CHECK ALL THAT APPLY) Curriculum Area(s) Addresses by Grant: Communication Arts Mathematics Other(s): Science Social Studies	
Building and Participant Information			
See form provided. Submit a separate Building and Participant Information form for each building participating in the proposed project.			
Project Narrative Information			
See directions in the Title II.D administrative manual. The project narrative (generated by the applicant using a word processing program) details what will occur if the proposed project is funded, addressing the applicant community, target population, major implementation strategies, and expected outcomes of the project.			
Proposed Budget Information			
See form provided. Submit a separate Proposed Budget Information form for each year of the proposed project.			
Participant Project Assurances			
<p>The School District (and any participating district) hereby assures the Department of Elementary and Secondary Education (DESE) that:</p> <ul style="list-style-type: none">• it will assign one administrator as project manager to facilitate the participation of the teachers in the program.• it will keep such records, and provide such information as may be necessary for fiscal and program auditing and for program evaluation, and it will provide DESE any information it may need to carry out its responsibilities under the Title II.D Program.• it will comply with all provisions of the Title II.D Program and its implementing regulations and all applicable administrative rules of DESE.• it will receive and expend funds in a manner consistent with the intent of the approved application.• it will fulfill all Program professional development, implementation, and evaluation activities and requirements. <p>The district certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal department or agency. The governing board, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon local education agencies (LEAs) by the Assurances.</p> <p>The LEA will refund directly to DESE, or hereby authorizes DESE to withhold from the LEA's payments under the State Foundation program, the amount of any funds made available to the LEA which may be determined by DESE or an auditor representing DESE to have been misspent or otherwise misapplied.</p>			
Signature			
SIGNATURE OF AUTHORIZED REPRESENTATIVE		PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	DATE

FY07 TITLE II.D COMPETITIVE GRANT PROGRAM APPLICATION – BUILDING AND PARTICIPANT INFORMATION

Submit a separate Building and Participant Information form for each building participating in the proposed project. **(Duplicate as Necessary)**

Building Information

NAME OF SCHOOL DISTRICT	COUNTY-DISTRICT CODE
NAME OF SCHOOL BUILDING	BUILDING CODE NUMBER

Participant Information

POSITION / TITLE	NAME	PLANNING TEAM MEMBER	PROPOSED eMINTS PROFESSIONAL DEVELOPMENT PROGRAM(S)			
BUILDING PRINCIPAL		YES NO	(SPECIFY)			
TECHNOLOGY COORDINATOR(S) District Building		YES NO	(SPECIFY)			
EDUCATION TECHNOLOGY SPECIALIST(S) District Building		YES NO	(SPECIFY)			
LIBRARY MEDIA SPECIALIST		YES NO	(SPECIFY)			
eMINTS CLASSROOM TEACHER 1		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
eMINTS CLASSROOM TEACHER 2		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
eMINTS CLASSROOM TEACHER 3		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
eMINTS CLASSROOM TEACHER 4		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
eMINTS CLASSROOM TEACHER 5		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
eMINTS CLASSROOM TEACHER 6		YES NO	PD PROGRAM: eMINTS PD	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
VETERAN eMINTS TEACHER 1		YES NO	PD PROGRAM: My eCoach	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
VETERAN eMINTS TEACHER 2		YES NO	PD PROGRAM: My eCoach	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
OTHER CLASSROOM TEACHER 1		YES NO	PD PROGRAM: eMINTS4All	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
OTHER CLASSROOM TEACHER 2		YES NO	PD PROGRAM: eMINTS4All	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
OTHER CLASSROOM TEACHER 3		YES NO	PD PROGRAM: eMINTS4All	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
OTHER CLASSROOM TEACHER 4		YES NO	PD PROGRAM: eMINTS4All	GRADE(S):	CURRICULUM AREA(S): CA MA Self-Contained	SC SS Other
SPECIAL EDUCATION TEACHER		YES NO	(SPECIFY)			
OTHER (SPECIFY)		YES NO	(SPECIFY)			
OTHER (SPECIFY)		YES NO	(SPECIFY)			

FY07 TITLE II.D COMPETITIVE GRANT PROGRAM APPLICATION – PROPOSED BUDGET INFORMATION

Submit a separate Proposed Budget Information form for each year of the proposed project. (Copy as Necessary)

District Information

NAME OF SCHOOL DISTRICT	COUNTY-DISTRICT CODE
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Project Information

GRANT TYPE – YEAR (CHECK ONE) Year 1 Application Year 2 Application	GRANT TYPE – DISTRICT APPLICANT (CHECK ONE) New District / Consortium Established District / Consortium	GRANT TYPE – NUMBER OF DISTRICTS (CHECK ONE) District Application Consortium Application (Total number of districts: ____)	GRANT TYPE – GEOGRAPHIC AREA / CLUSTER (CHECK ONE) Area 1: C NE NW W Area 2: S SC SW Area 3: B E SE
NAME AND TITLE OF CONTACT PERSON		WORK PHONE NUMBER	
EMAIL ADDRESS		FAX NUMBER	

Project Financial Data

First-year Budget

	A	B	C	D	E	F	TOTAL
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Funds (No match is required)	(A+B+C+ D+E+F)
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance and Counseling							
Professional Development **							
Governance and Administration							
Facilities and Safety							
Support Services							

District Funds (No match is required)							
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****Column F Total should be equal to Row Total****

TOTALS							PROJECT TOTAL
							\$

** Professional Development (Amount must equal or exceed 25% of State Grant Request)	PROFESSIONAL DEVELOPMENT \$	TOTAL STATE GRANT REQUEST \$
	%	

COMMENTS:

FY07 TITLE II.D COMPETITIVE GRANT PROGRAM APPLICATION – PROPOSED BUDGET INFORMATION

Submit a separate Proposed Budget Information form for each year of the proposed project. (Copy as Necessary)

District Information

NAME OF SCHOOL DISTRICT	COUNTY-DISTRICT CODE
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Project Information

GRANT TYPE – YEAR (CHECK ONE) Year 1 Application Year 2 Application	GRANT TYPE – DISTRICT APPLICANT (CHECK ONE) New District / Consortium Established District / Consortium	GRANT TYPE – NUMBER OF DISTRICTS (CHECK ONE) District Application Consortium Application (Total number of districts: ____)	GRANT TYPE – GEOGRAPHIC AREA / CLUSTER (CHECK ONE) Area 1: C NE NW W Area 2: S SC SW Area 3: B E SE
NAME AND TITLE OF CONTACT PERSON			WORK PHONE NUMBER
EMAIL ADDRESS			FAX NUMBER

Project Financial Data

Second-year Budget

	A	B	C	D	E	F	TOTAL
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Funds (No match is required)	(A+B+C+ D+E+F)
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance and Counseling							
Professional Development **							
Governance and Administration							
Facilities and Safety							
Support Services							

District Funds (No match is required)							
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Column F Total should be equal to Row Total

TOTALS							PROJECT TOTAL
							\$

** Professional Development
(Amount must equal or exceed 25% of State Grant Request)

PROFESSIONAL DEVELOPMENT

\$

TOTAL STATE GRANT REQUEST

\$

%

COMMENTS: